

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7		/					57						
8		/					58						
9		/					59						
10	/						60						
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12		/					62						
13		/					63						
14	/						64						
15		/					65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20		/					70						
21	1	/					71						
22	/	1					72						
23		/					73						
24		/					74						
25		/					75						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	25						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS